

U.S. Department  
of Transportation

United States  
Coast Guard



Commandant  
United States Coast Guard

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Washington DC 20593-0001  
Staff Symbol: G-KOM-4  
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COMDTINST 1760.7B  
3 JAN 95

## COMMANDANT INSTRUCTION 1760.7B

Subj: CONTINUED HEALTH CARE BENEFIT PROGRAM

Ref: (a) Public Law 102-484, National Defense Authorization Act for Fiscal Year 1993  
(b) 32 CFR part 199 (NOTAL)

1. PURPOSE. This instruction publishes information concerning the implementation of the Continued Health Care Benefit Program (CHCBP) contained in references (a) and (b).
2. ACTION. Area and district commanders; commanders of maintenance and logistics commands; commanding officers of headquarters units; Commander, Coast Guard Activities Europe; and Commander, Coast Guard Activities Far East shall ensure compliance with the provisions of this instruction.
3. DIRECTIVES AFFECTED. Commandant Instruction 1760.7A is canceled.
4. RESPONSIBILITIES. Commands shall:
  - a. Provide counseling and notification to separating members or members with qualified beneficiaries concerning the provisions of this instruction.
  - b. Maintain a supply (local reproduction authorized) of the CHCBP summary, CHCBP Form 7537, and CHCBP application, CHCBP Form 7524 [Enclosures (1) and (2)].

5. BACKGROUND. Previously, the Uniformed Services Voluntary Insurance Plan (US VIP) provided temporary, elective, medical coverage for nonretiring members separating from active duty and their families, and other beneficiaries who lost their eligibility for Uniformed Services Health Benefit Programs. US VIP expired on 30 Sept 94. Reference (a) directed the implementation of a temporary, premium based, health benefits program for qualified beneficiaries, to replace US VIP effective 1 Oct 94.
6. ELIGIBILITY.
  - a. Members of the uniformed services who are discharged or released from active duty either voluntarily or involuntarily (other than through adverse conditions) and their eligible family members who were entitled to medical care under the military health care plan, CHAMPUS, or Transition Assistance for Military Personnel (TAMP).
  - b. Unmarried dependent children of a member or former member (retired) who lose eligibility due to age (either 21 or 23 if full-time college student), and were eligible for CHAMPUS or TAMP benefits.
  - c. Unremarried former spouse of a member or former member (retired) who was a dependent and eligible CHAMPUS or TAMP benefits on the date of the final divorce, dissolution, or annulment; and is not eligible for CHAMPUS under other former spouse provisions.
7. ENROLLMENT AND COST.
  - a. An eligible individual must request enrollment via application request or letter to:

CHCBP ADMINISTRATOR  
PO BOX 1608  
ROCKVILLE MD 20849-1608  
Phone: 1-800-809-6119
  - b. Beneficiaries have 60 days to enroll in CHCBP beginning on the later of: the date of discharge or release from active duty, the day after the loss of Military Health Services System eligibility, the day TAMP eligibility ends, the day after CHAMPUS coverage for former spouses ends, or the day the member receives notification of CHCBP eligibility. The 60-day window is open to eligible personnel who lost their eligibility after 2 Aug 94. Applicants must include the first quarter's premium, either individual or family. Applicants must provide proof of eligibility such as a DD 214, DEERS printout, or other official statement of service, and/or dependency status.

- c. A former unmarried spouse or dependent child enrolls as an individual when CHAMPUS eligibility is lost. When the family is affected, due to the active duty sponsor's release, the entire eligible family should be enrolled. After enrollment, beneficiaries may change from family to individual, but not from individual to family. Personnel currently enrolled in the US VIP have the option to cancel and enroll in CHCBP.

8. BENEFITS.

- a. Coverage under CHCBP is offered in quarterly increments with a maximum benefit period of 18 months for former active duty members and their eligible dependents, and 36 months for former spouses and unmarried emancipated dependents.
- b. Although not part of the CHAMPUS program, CHCBP will mirror the medical benefits of standard CHAMPUS. There are no preexisting condition clauses. Co-payments, deductibles, and catastrophic caps will be the same as the member's beneficiary group (20 percent if active/25 percent if retired). All care will be in the civilian sector. Enrollees are not eligible for care in military facilities or to enroll in military managed care programs. CHCBP claims will be filed in the same manner as CHAMPUS claims. Members should contact the CHCBP administrator or their local health benefits advisor for further information on CHCBP eligibility, enrollment, or program coverage's.

ALAN M STEINMAN  
Chief, Office of Health and Safety

- Encl: (1) CHCBP Form 7537, A summary of the rules pertaining to the Department of Defense's Continued Health Care Benefit Program (CHCBP) coverage
- (2) CHCBP Form 7524, CHCBP Application for Continued Health Care Benefit Program

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*A summary of the rules pertaining to the Department of Defense's  
Continued Health Care Benefit Program (CHCBP) coverage*

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***What is CHCBP?***

- Implementation of the CHCBP was directed by Congress in section 4408 of the National Defense Authorization Act for Fiscal Year 1993. This law directed the implementation of a program of temporary continued health benefits coverage comparable to the benefits provided for former civilian employees of the Federal government. The CHCBP is a premium based temporary health care coverage program that will be available to qualified beneficiaries. Medical benefits under this program will mirror the benefits offered via the basic CHAMPUS program. The CHCBP is not part of the CHAMPUS program; however, it functions under most of the rules and procedures of CHAMPUS.

***How long does CHCBP coverage last?***

- For any member discharged or released from active duty or full-time National Guard duty, whether voluntarily or involuntarily, coverage under the CHCBP is limited to eighteen (18) months.
- For an unmarried dependent child of a member or former member, coverage under the CHCBP is limited to thirty-six (36) months.

***Who is eligible?***

A person who:

- is discharged or released from active duty, whether voluntarily or involuntarily, under other than adverse conditions, and was entitled to medical and dental care under military health care plan; and
- is not eligible for any benefits under CHAMPUS or TAMP.

A person who:

- ceases to meet requirements for being considered an unmarried dependent child of a member or former member of the Uniformed Services;
- on the day before ceasing to meet those requirements, was covered under CHAMPUS or TAMP as a dependent of the member or former member; and
- would not otherwise be eligible for any benefits under CHAMPUS.

A person who:

- is an unremarried former spouse of a member or former member of the Uniformed Services;
- on the day before the date of the final decree of divorce, dissolution, or annulment was covered under a health benefits plan under CHAMPUS or TAMP as a dependent of the member or former member; and
- is not eligible for CHAMPUS as a former spouse of a member or former member

***Enrollment***

- In order to enroll in the CHCBP, an eligible individual must request enrollment via an application or letter to:  
  
CHCBP ADMINISTRATOR  
PO BOX 1608  
ROCKVILLE MD 20849-1608
- Although beneficiaries have sixty (60) days to enroll in the CHCBP, the period of coverage must begin on the day after entitlement to a military health care plan ends (including transitional health care under TAMP).
- The application must also include payment for the premium for the first quarter (three months) coverage under the CHCBP.
- Applications must be accompanied by proof of eligibility such as DD 214, Defense Enrollment Eligibility Reporting System (DEERS) or any other official statement of service, and/or proof of dependency status.

***What does CHCBP cost?***

- Premium rates are established by the Assistant Secretary of Defense (Health Affairs) for two rate groups, individual and family. The rates are based on Federal Employee Health Benefit Program employee and agency contributions which would be required for a comparable health benefits plan, plus an administrative fee. The premium rates may be updated annually and will be published when updated. The rates are also available from CHCBP Administrator.
- Members discharged or released from active duty or full-time National Guard duty must select their rate group at the time they enroll, either individual or family. After enrollment, beneficiaries may change from family to individual at any time by notifying CHCBP Administrator in writing. Changes made from individual to family may not be made.
- Premiums are to be paid quarterly by check or money order. Payment must be received no later than thirty (30) days after the start of the quarter.

***Additional Information***

- write or call:

CHCBP ADMINISTRATOR  
PO BOX 1608  
ROCKVILLE MD 20849-1608  
1-800-809-6119

**Continued Health Care Benefit Program**  
for the Office of the Assistant Secretary of Defense (Health Affairs)

1. Applicant's name \_\_\_\_\_  
(Title) (First) (Middle) (Last) (Area Code and Phone No.)
2. Residence address \_\_\_\_\_  
(No. and Street and Apt. No.) (City and State) (Zip Code)
3. Address where policy will be delivered \_\_\_\_\_  
(No. and Street and Apt. No.) (City and State) (Zip Code)
4. Social Security No. \_\_\_\_\_
- 5a. If service member, date of entry on active duty \_\_\_\_\_
- 5b. If eligibility is created by termination of military benefits, check reason and show date such benefits end:
- ☐ Separation from active duty. Date MFT/CHAMPUS benefits end \_\_\_\_\_
- ☐ Divorce. Date CHAMPUS benefits end \_\_\_\_\_
- ☐ No longer a dependent child. Date benefits end \_\_\_\_\_
- ☐ Unremarried Former spouse. Date benefits end \_\_\_\_\_
- ☐ Unremarried former spouse drawing annuity/retainer pay. Date benefits end \_\_\_\_\_
6. Service sponsor through whom you qualify \_\_\_\_\_  
(Name) (Social Security No.)

7. Complete the following for each person (including yourself) to be covered.

Name	Social Security Number	Age	Date of Birth (Mo./Day/Yr.)	Sex (M/F)	Full-time Student (Yes or No)
Applicant:					
Spouse:					
Child: *					
Child:					
Child:					

\*Children age 21 (23 if a full-time student) losing military coverage must apply separately for their own certificate at adult premiums. If more than three children, use separate sheet of paper.

8. Individual Three-Month Premium is \$ 410.00 Family Three-Month Premium is \$ 891.00
- Total Three-Month Premium Enclosed: \$ \_\_\_\_\_ Premium paid is for: ☐ Individual coverage ☐ Family coverage.
9. Do you or any covered dependents currently have other insurance? ☐ Yes ☐ No \_\_\_\_\_  
(Name of Carrier)

**Validation of Eligibility**

Name and Address of Separation Center or Appropriate Authority \_\_\_\_\_

Validation by \_\_\_\_\_ Phone No. \_\_\_\_\_

APPLICATIONS MUST BE ACCOMPANIED BY PROOF OF ELIGIBILITY SUCH AS DD 214, DEFENSE ENROLLMENT ELIGIBILITY REPORTING SYSTEM (DEERS) OR ANY OTHER OFFICIAL STATEMENT OF SERVICE, AND/OR PROOF OF DEPENDENCY STATUS.

Mail this application along with a check or Money Order payable to **United States Treasury** to:

CHCBP Administrator  
P.O. Box 1608  
Rockville, MD 20849-1608

CHCBP Toll Free Number:  
1-800-809-6119

Premium payment must accompany application. Paid by: ☐ Check ☐ Money Order (make check/M.O. payable to **United States Treasury**)

Dated at \_\_\_\_\_, on \_\_\_\_\_, 19\_\_\_\_  
(City, State) (Month, Day) (Year) (Signature of Applicant)

Have you: Checked all appropriate boxes and signed the application? Included premium payment? Included proof of eligibility?

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## *A summary of the rules pertaining to the Department of Defense's Continued Health Care Benefit Program (CHCBP) coverage*

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A person who:

- is an unremarried former spouse of a member or former member of the Uniformed Services;
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**Continued Health Care Benefit Program**  
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\*Children age 21 (23 if a full-time student) losing military coverage must apply separately for their own certificate at adult premiums. If more than three children, use separate sheet of paper.

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